

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	16					
18	16					
19	16					
20	/					
21	1					
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24						
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26						
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28						
29						
30	1					
31						
32	1					
33						
34	1					
35	1	1				
36	16					
37	16					
38	16	16				
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	26					
TOTAL DEP.	126					
TOTAL CLAIMS	126					

CLAIMS	IND		DEP		IND		DEP		IND		DEP	
	IND	DEP										
51												
52												
53												
54												
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97												
98												
99												
100												
TOTAL IND.												
TOTAL DEP.												
TOTAL CLAIMS												

43  
A  
88

45  
B  
88